

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to which Report is Submitted U.S. Dept. of Justice Office of Justice Programs		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 95-CF-WX-1412		OMB Approval No. 0348-0039	Page 1	of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Elgin City Police Department PO Box 128 Elgin, OR 97827-0000 H3						
4. Employer Identification Number 936002155		5. Recipient Account Number or Identifying Number OR 03102F		6. Final Report ☐ Yes ☒ No		7. Basis ☒ Cash ☐ Accrual
8. Funding/Grant Period(See Instructions) From: (Month, Day, Year) 03/01/95		To: (Month, Day, Year) 02/28/98		9. Period Covered by this Report From: (Month, Day, Year) 01/01/96		To: (Month, Day, Year) 03/31/96
10. Transactions:		I Previously Reported 12/31/95		II This Period		III Cumulative
a. Total outlays		18,069.00		7,651		25,720
b. Recipient share of outlays		806.00		279		1,085
c. Federal share of outlays		17,263.00		7,351		24,614
d. Total unliquidated obligations						
e. Recipient share of unliquidated obligations						
f. Federal share of unliquidated obligations						
g. Total Federal share (Sum of lines c and f)						24,614
h. Total Federal funds authorized for this funding period						69,701.00
i. Unobligated balance of Federal funds (Line h minus line g)						45,087
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed					
	b. Rate	c. Base	d. Total Amount	e. Federal Share		
12. Remarks: attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. A. Block/Formula passthrough \$ B. Federal Funds Subgranted \$ PROGRAM INCOME: C. Forfeit \$ D. Other \$ E. Expended \$ F. Unexpended \$						
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.						
Typed or Printed Name and Title Joe Garlitz City Recorder				Telephone (Area code, number and extension) 541 437-2253		
Signature of Authorized Certifying Official Joe Garlitz				Date Report Submitted 2-15-96		

23/02

	Mar	Feb	Jan
Wages	2130	1829	1972
Reimnt	128	110	118
Food/str	329	283	325
Insurance	1419	1419	1419
	2736	2371	2544
			7651

Feb 7,372 .964
Avg 279 ,036

Fayed 202 616-5862
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